09529

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 171

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Germany, Md.
LENGTH OF STAY (in this place) 6 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Monongalia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wana, W. Va.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) FRANCIS (Last) BRITTON JR.
4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 1929
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Light Lineman
10b. KIND OF BUSINESS OR INDUSTRY Penn Line Ser.
11. BIRTHPLACE (State or foreign country) Wana, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willie F Britton
14. MOTHER'S MAIDEN NAME Goldie Glover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 236-14-6015
17. INFORMANT AND ADDRESS Willie Britton, Wana, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9023 Immediate cause (a) Rupture right lung — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing Injuries to Rt. Chest Wall — 30 minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fell from pole near (CITY OR TOWN) New Germany (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Sept. (Day) 29-52 (Year) 3:30 p.m. (Hour)
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell off pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. A. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3, 1952
NAME OF CEMETERY OR CREMATORY Park
LOCATION (City, town, or county) Fairview, R.D., (State) W. Va.
DATE REC'D BY LOCAL REG. 10/6/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

J. B. Emory CME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6 1952
BUREAU V. S.

09530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) Cornelia	(Last) Browning.	4. DATE OF DEATH	(Month) 9/3/1952 (Day) (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8/8/1889	9. AGE last birthday 63 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Oakland, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John M. Browning			14. MOTHER'S MAIDEN NAME Missouri McCrum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-03-9386		17. INFORMANT AND ADDRESS Mrs. Joe Wolfe, Oakland, Md. Sister		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Circulatory Collapse	3 days
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obstructive Jaundice	6 wks.
	(c) Carcinoma of Pancreas	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/16/52	19b. MAJOR FINDINGS OF OPERATION Obstruction of Gall bladder-Cholecystitis	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16/52, 19 9/3/52 to ....., 19....., that I last saw the deceased alive on 9/3/52, 19....., and that death occurred at 2:25p. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Oaklamd, Md. DATE SIGNED 9/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/6/1952	NAME OF CEMETERY OR CREMATORY Oakland Cemetery	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 9/6/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1952
BUREAU V. S.

#4531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 6 6

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LAKE PARK
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) NORA (Middle) (Last) COSNER

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 4 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/2/1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: NICHOLSON, JOSEPH

14. MOTHER'S MAIDEN NAME: , MARTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: NORA COSNER, MT. LAKE PARK, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Heart Disease	3 years
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 8, 1952, to SEPT. 4, 1952, that I last saw the deceased alive on 4 Sept, 1952, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E Mance	MD	Oakland Md	5 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 6, 1952	Bismarck Cemetery	Mt. Storm (near) W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/6/52	Julia A Rowan	Herbert C. Leighton	Oakland, Md.

RECEIVED
FEB 16 1952
BUREAU V.I.S.

69532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 1 3/4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 304 Md Ave

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) FRANKLIN (Last) COX
4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 31, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Foreman
10b. KIND OF BUSINESS OR INDUSTRY Paper mill
11. BIRTHPLACE (State or foreign country) Harpers Ferry, W Va
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William Cox
14. MOTHER'S MAIDEN NAME Sarah Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 111 Church St. Harry Foreman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardio-vascular
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) disease with decompensation
(c)

INTERVAL BETWEEN ONSET AND DEATH: over 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar, 1951, to 5 Sept, 1952, that I last saw the deceased alive on 3 Sept, 1952, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J. Lusby (Degree or title) M. D. ADDRESS Oakland, Md. DATE SIGNED 5 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 8, 1952
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) Westernport, Md. (State)

DATE REC'D BY LOCAL REG. 9/8/52
REGISTRAR'S SIGNATURE Julia Mawar Local
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.

RECEIVED
SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09533

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn, — LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Morris (Last) Goss

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1912

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman on Railroad

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rowlesburg, W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Guy Goss.

14. MOTHER'S MAIDEN NAME: Frances M. Edwards.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-01-5797

17. INFORMANT AND ADDRESS: Mrs. James M. Goss, Loch Lynn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

L. J. Baumgartner M.D. — Oakland Md — 9/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 9/20/1952 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 9/20/52 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR — ADDRESS: Emory D. Bolden, Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT 7 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Alice Parsons (Last) Madigan

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 23, 1907
9. AGE last birthday 45 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hamilton, West Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Ira L. Parsons
14. MOTHER'S MAIDEN NAME Nora A. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Charles L. Madigan, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure, Acute	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	4 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1949, to 9-6, 1952, that I last saw the deceased alive on 9-6, 1952, and that death occurred at 11:00 PM m., from the causes and on the date stated above.

SIGNATURE James H. Pearson Jr. (Degree or title) M. D. ADDRESS Oakland, Maryland DATE SIGNED 9-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 9, 1952
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) (State) Deer Park, Maryland

DATE REC'D BY LOCAL REG. 9/9/52
REGISTRAR'S SIGNATURE Julia A. Kaiser Local
24. FUNERAL DIRECTOR [signature]
ADDRESS Terra Alta, W Va

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55 62

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JONAS (Middle) B. (Last) MILLER

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 10, 1870

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Grantsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joel J Miller

14. MOTHER'S MAIDEN NAME: Catherine Beachy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Floyd Miller, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
592X **Immediate cause**	(a) Chronic nephritis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) uremia	6 mos.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. hypertension

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 19 45, to 9-20, 19 52, that I last saw the deceased alive on 9-10, 19 52, and that death occurred at 2:16 Am., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Alexander Salosho, MD Salisbury, Pa Sept 22 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept. 23, 52 — NAME OF CEMETERY OR CREMATORY Maple Glen — LOCATION (City, town, or county) Grantsville, Garrett Co. (State) Md.

DATE REC'D BY LOCAL REG. Sept 22 52 — REGISTRAR'S SIGNATURE Ethan Broadwater — **24. FUNERAL DIRECTOR** Wm Wentzel — ADDRESS Grantsville, Md.

1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bittinger, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bittinger, Md., Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) MAY (Last) ORENDORF

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Grantsville, R.D., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. E. Ellithorpe

14. MOTHER'S MAIDEN NAME: Mahela Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: ~~Age~~ ASA Orendorf, Bittinger, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) (b) Hypertensive Cardio Vascular Disease — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1952, to 8-18, 1952, that I last saw the deceased alive on 8-18, 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE James H. Fenster (DEGREE OR TITLE) Jr. M.D. ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED 9-30-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct. 3, 52 NAME OF CEMETERY OR CREMATORY Grantsville LOCATION (City, town, or county) Grantsville, Md. (State)

DATE REC'D BY LOCAL REG. 10/6/52 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

J. B. Emory CMC

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KITZMILLER
LENGTH OF STAY (In this place) 22yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2ND. AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KITZMILLER
STREET ADDRESS (If rural, give location) 2ND. AVE.

3. NAME OF DECEASED (Type or Print) (First) JOSHUA (Middle) X (Last) PAUGH

4. DATE OF DEATH (Month) SEPT. (Day) 6 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV. 27, 1877
9. AGE last birthday 74 yrs. If under 1 year Months 9 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner
10b. KIND OF BUSINESS OR INDUSTRY Coal mines
11. BIRTHPLACE (State or foreign country) Bethel, Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH PAUGH
14. MOTHER'S MAIDEN NAME MARGARET McVIKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. LENCHE PAUGH, KITZMILLER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Renal Disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with marked edema

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Bronchiectasis, Ch. Osteomyelitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Sept 6, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 10:40P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandella (Degree or title) M.D. ADDRESS Kitzmiller, Md DATE SIGNED Sept 8 52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9/9/52
NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY
LOCATION (City, town, or county) (State) ELK GARDEN, MINERAL CO, W. Va.

DATE REC'D BY LOCAL REG. 9/8/52
REGISTRAR'S SIGNATURE A.W. Starrick
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO LOCAL [illegible]

RECEIVED
2 1952
[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

38

1. PLACE OF DEATH
COUNTY: Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Charles William (Middle) (Last) Saucer.

4. DATE OF DEATH (Month) 9/8 (Day) (Year) 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10/24/1892	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroader	Forman	Wilson, W. Va.	U.S.A.

13. FATHER'S NAME John Saucer,

14. MOTHER'S MAIDEN NAME Rosette Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	705-10-9045	Mrs. C. W. Saucer, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

4220

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 7, 19 52, to Sept 8, 19 52, that I last saw the deceased alive on Sept 7, 19 52, and that death occurred at 10 00 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M D — ADDRESS: Oakland Md — DATE SIGNED: 9/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/11/1952	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/11/52	[signature]	Emroy D. Bolden	Oakland, Md.

Items 1,2 FilmG146 9/17/52 whw

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendsville None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Garrett Co COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) May (Last) Sines

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Apr 25-1879
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Sickle
14. MOTHER'S MAIDEN NAME Ellen Detrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Harold Fraser - Friendsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1952, to Sept 7, 1952, that I last saw the deceased alive on Sept 4, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Milton Tepfer, M.D. (Degree or title) ADDRESS Friendsville, Md. DATE SIGNED Sept 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-11 1952
NAME OF CEMETERY OR CREMATORY Sand Spring Cemetery
LOCATION (City, town, or county) Garrett Co County (State) Md.

DATE REC'D BY LOCAL REG. Sept 10, 1952
REGISTRAR'S SIGNATURE Kathryn Fike
24. FUNERAL DIRECTOR W H Rodabaugh ADDRESS Marklesburg Pa

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2 PM Standard

1

SEP 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) one hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Office of Dr. J. W. Wenzel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give location) 4 Mi. S E. Deer Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Neely (Last) Strawser

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 13, 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/11/1869

9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Strawser

14. MOTHER'S MAIDEN NAME: Julia Ann Radcliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT AND ADDRESS: Mrs. Elden R. Fike Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Indigestion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) Garrett Co — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13th, 1952, to 9-13th, 1952, that I last saw the deceased alive on 9-13th, 1952, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Wenzel M.D. — ADDRESS Sept 15th — DATE SIGNED 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/16/1952 — NAME OF CEMETERY OR CREMATORY Eglon Cemetery — LOCATION (City, town, or county) Eglon, W. Va. (State)

DATE REC'D BY LOCAL REG. 9/16/52 — REGISTRAR'S SIGNATURE Julia Rowan — 24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Oak Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) 65 Oak Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Augustus (Last) Thayer, Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/12/1897

9. AGE last birthday: 55 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Frederick Augustus Thayer, Sr.

14. MOTHER'S MAIDEN NAME: Maggie Peddicord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Elisabeth Thayer(wife), Oakland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1941, to Sept 7, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: C. D. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/9/1952 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Garrett, Md.

DATE REC'D BY LOCAL REG 9/8/1952 | REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Herbert C. Leighton, Oakland, Md. ADDRESS

BUREAU V. S.
16 1952

09991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (In this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park,
STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): (First) Wiley (Middle) William (Last) Welling

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/16/1871

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Wood Working

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Welling

14. MOTHER'S MAIDEN NAME: Catherine Kemphfer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-4063

17. INFORMANT AND ADDRESS: Mrs. W. W. Welling; Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33/X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

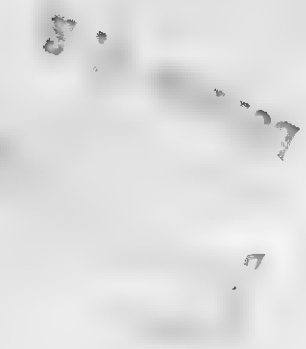
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1945, to Sept 15, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 4:05 P. m., from the causes and on the date stated above.

SIGNATURE: L. T. Baumgartner M.D. (Degree or title) ADDRESS: Oakland Md. DATE SIGNED: 9/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/17/1952 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 9/17/52 — REGISTRAR'S SIGNATURE: Julia L. Lowar Local — 24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

09992

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland | LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 96 Liberty Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) A. (Last) Whorton.
4. DATE OF DEATH: (Month) (Day) (Year) 9/25/1952 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4/26/1875
9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Jakland, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Arnold,
14. MOTHER'S MAIDEN NAME: Eve M. Waltz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Lloyd M. Loraw, Grafton, W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201 Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio selerotic Cerebro-Vascular + — 5 years

(c) Cardio-vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1948, to Sept. 25, 1952, that I last saw the deceased alive on Sept. 24, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: A. E. Marsh (Degree or title) MD ADDRESS Oakland DATE SIGNED Sept 26 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/28/1952
NAME OF CEMETERY OR CREMATORY: Oakland Cemtery
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 9/27/52
REGISTRAR'S SIGNATURE: Julia A. Mowan Local
24. FUNERAL DIRECTOR: Edward D. Boteler
ADDRESS: Eckhart, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09542 782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jennings
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jennings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Anna (Last) Wiley

4. DATE OF DEATH: (Month) (Day) (Year) September 13 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May-6-1874

9. AGE last birthday: 78-4-7 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houswife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): McHenry Garett Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Peter Bowser

14. MOTHER'S MAIDEN NAME: Jane McCroby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Lonnie Broadwater Jennings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) ~~Cerebral~~ Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1951, to Sept 9 ..., 1952, that I last saw the deceased alive on Sept 9 ..., 1952, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John F. Whitehill, Jr. M.D. Salisbury, Pa. Sept 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9-17-1952

NAME OF CEMETERY OR CREMATORY Grantsville

LOCATION (City, town, or county) (State) Grantsville Md

DATE REC'D BY LOCAL REG. Sept 16/52

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR William Winebrenner ADDRESS Grantsville Md

RECEIVED
SEP 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09543

Reg. Dist. No. 163

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton | LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 mi N of Swanton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton - Rural
STREET ADDRESS (If rural, give location) 3 mi N of Swanton

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Mae (Last) Wilt

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 29 April 1946 | 9. AGE last birthday: 6 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Swanton Md. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Wilt | 14. MOTHER'S MAIDEN NAME: Hilda Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS: Frank Wilt, Swanton, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 days

491X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD | ADDRESS Oakland Md | DATE SIGNED 9/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 27 Nov 52 | NAME OF CEMETERY OR CREMATORY Frankville Cemetery | LOCATION (City, town, or county) Garrett Co (State) Md.

DATE REC'D BY LOCAL REG. 9/27/52 | REGISTRAR'S SIGNATURE Dorsey Pattison | 24. FUNERAL DIRECTOR E.S. Beal | ADDRESS Westernport, Md.

VS. A-1

RECEIVED
SEP 29
BUREAU V. S.